SELLER:

Signature:

Name: Title: Date:

London, W1F 9LT

CVF Lux Master S.a.r.l.

Address: c/o CarVal Investors UK Limited

3<sup>rd</sup> Floor, 25 Great Pulteney Street

LBHI TRANSFER NOTICE		
UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		
In re:	Case No. 08-13555	
Ch-11 LEHMAN BROTHERS HOLDINGS, INC.	Chapter 11	
Debtor		
NOTICE OF TRANSFER OF CLAIM PURSUANT TO RULE 3001(e)		
PLEASE TAKE NOTICE that the following claims of CVF Lux Master S.a.r.l. ("Seller") that are scheduled by the Debtor(s) and or filed as an original or amended Proof of Claim against the Debtor(s):		
Proof of Claim	Proof of Claim	
Amount \$11,113,058.10	No. 66243	
have been transferred and assigned to Merrill Lynch Credit Products, LLC ("Assignee"). The signature of Seller on this document is evidence of the transfer of the claims and all rights thereto.		
Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Assignee.		

ASSIGNEE: Merrill Lynch Credit Products,

Address: c/o Bank of America Merrill Lynch

awn Evinger

LLC

Bank of America Tower - 3rd Floor

New York, New York 10036 Telephone: (646) 855-7450 Attention: Jeff Benesh

Email: jeffrey.benesh@baml.com

One Bryant Park

Signature: Name:

Title: Date:

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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	
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mie.	Case No. 08-13555
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\$11,113,058.10	66243
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ASSIGNEE: Merrill Lynch Credit Products,	SELLER: CVF Lux Master S.a.r.l.  Address: c/o CarVal Investors UK Limited
Address: c/o Bank of America Merrill Lynch Bank of America Tower – 3rd Floor One Bryant Park	3 <sup>rd</sup> Floor, 25 Great Pulteney Street London, W1F 9LT  BY CARVAL INVESTORS UK LIMITED
New York, New York 10036	
	Signature:
Signature:	Name: DAVID SHORT  OPERATIONS MANAGER
Name:	Date:
Title:	

Date: